

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 10, 1992

ALL COUNTY LETTER No. 92-22

FSD LETTER NO. 92-04

TO: ALL DISTRICT ATTORNEYS  
ALL TITLE IV-D AGENCIES  
ALL COUNTY WELFARE DEPARTMENTS  
ALL COUNTY FISCAL OFFICERS

SUBJECT: SUMMARY REPORT OF CHILD AND SPOUSAL SUPPORT PAYMENTS  
(CS 800) REVISION AND CS 820 RECONCILIATION STATEMENT  
(CS 822) REVISION

REFERENCE: FSD LETTER NO. 91-23  
FSDIN I-29-91  
FSD LETTER NO. 91-29

This is to transmit the revised monthly Summary Report of Child and Spousal Support Payments (CS 800), and the revised Summary CS 820 Reconciliation Statement (CS 822).

CS 800

As advised in FSD Information Notice, FSDIN I-29-91, dated November 19, 1991, effective January 1, 1992, (the January 1992 report month), the State Department of Social Services (SDSS) is implementing a new Child Support Program incentive payment system which will provide a flat rate incentive rate to be paid on all distributed collections (i.e., AFDC, Federal Foster Care, non-Federal Foster Care, non-AFDC collections, and collections distributed to other States, including interest collections.) The rate payable to each County is determined based upon the provisions of Assembly Bill 1033, (Chapter 1647, Statutes of 1990) for Tier I of the Performance Standards Model.

SDSS uses the CS 800, Summary Report of Child and Spousal Support Payments to make incentive payments on aid related cases. The new performance based incentive payment system has resulted in a need to revise one section of the CS 800, Section D, INCENTIVE COMPUTATION.

Attached for your information and use is a camera-ready copy of the revised CS 800.

The revised CS 800 is effective with child and spousal support payments distributed during January 1992 (the January 1992 report month) and is due to the SDSS on March 11, 1992.

We regret that Counties are provided with limited lead time in which to make changes to the County automated CS 800 report. We suggest that Counties which are unable to reprogram use available automated collection information and manually revise the CS 800 incentives section.

Note: The completion of Sections C and D on the CS 800 is not mandatory; however, it is strongly recommended. Counties should complete these two sections in order to determine, in advance, the Federal, State and County's share of distributed collections used to reduce or repay aid, the amount of incentives due from the State Department of Social Services, and as the source for calculating excess child support incentives which must be restricted for use exclusively in support of the District Attorney's Child Support program.

All Counties will be paid at the base incentive rate unless they have been notified in writing that they are in compliance and are eligible for the compliance incentive rate.

#### BASE RATE

Counties qualifying for the base rate incentive, should complete the CS 800, Section D, INCENTIVE COMPUTATION, by multiplying the total amount collected for disbursement, Intracounty (collections made by your County for your County) and Interstate (collections made by another State for your County) Line A, 1, Columns 1 and 3, by the base incentive rate in effect for the report month. Do not include intercounty collections reported in Line A, 1, Column 2.

<u>Period</u>	<u>Base Rate</u>
January through June 1992 Report Months	10%
July 1992 through June 1993 Report Months	9%
July 1993 through June 1994 Report Months	8%
July 1994 through June 1995 Report Months	7%
July 1995 and thereafter	6%

### COMPLIANCE RATE

Counties qualifying for the compliance rate incentive, should complete the CS 800, Section D, INCENTIVE COMPUTATION, by multiplying the total amount collected for disbursement, Intracounty (collections made by your County for your County) and Interstate (collections made by another State for your County) Line A, 1, Columns 1 and 3, by 11 percent for the applicable report month.

Following the annual compliance review and completion of the corrective action process, Counties which qualify for the compliance rate in the middle of any month or quarter will be eligible for the compliance rate incentives at the start of the following quarter.

Incentives for intercounty collections (collections made by one California County for another California County) will continue to be paid to the collecting (responding) jurisdiction. The reporting (initiating) County will continue to distribute collections made by the responding County, and report the collections distributed on the CS 800, Column 2.

Note: Section D, INCENTIVE COMPUTATION, identifies incentives due to your County only and no longer identifies the amount of intercounty incentives due to collecting (responding) Counties. DSS will pay Intercounty incentives to the collecting jurisdiction using the CS 800 Reconciliation Statement Intercounty (CS 801 B), which must be attached to the CS 800. Intercounty incentives will be paid at the collecting County's rate of entitlement.

### CS 822

The CS 822 has been revised to report medical support sum certain collections. As explained in FSD 91-29, dated November 12, 1991, the Child and Spousal Support Collections Summary Report (CS 820) has been re-titled "Child/Spousal/Medical Support Collection Summary Report" and revised to accommodate both the new performance based incentive payment system, and to report medical support sum certain collections. However, at the time the letter was issued, the Summary CS 820 Reconciliation Statement (CS 822) had not been finalized.

Attached for your information is a camera-ready copy of the revised CS 822.

The CS 822 is a recommended back-up document to support the information reported on the CS 820 and should be maintained at the County level as an audit trail. The revised CS 822 should be used to support the March 1992 CS 820 Report.

As instructed in FSD Letter 91-29, medical support "sum certain" collections are reported with child/spousal support collections on the CS 820. Therefore, the back-up documents to the CS 820 (i.e., the Support Collection Report, CS 821, and the CS 820 Reconciliation Statement, CS 822) must also include medical support "sum certain" collections identified by source of enforcement method used, case counts, and further identified as intracounty, intercounty or interstate collections.

#### PAYMENTS TO NON-AFDC FAMILIES

Payments made to families not receiving public assistance include child, spousal and medical support "sum certain" collections distributed to non-AFDC families. Report here the total of all the unassigned child, spousal and medical support "sum certain" collections that are distributed to non-AFDC families, the information source, page numbers of CS 821, and the count of cases. Do not include here medical support collections distributed on behalf of non-Federal Foster Care recipients.

#### PAYMENTS TO STATE DEPARTMENT OF HEALTH SERVICES (DHS)

This section is to report the amount of assigned medical support collections distributed to the State Department of Health Services.

AFDC - Report the total of all assigned medical support "sum certain" collections distributed to the State Department of Health Services on behalf of AFDC recipients, or former AFDC recipients who have assigned medical support arrearages, the count of cases, and the source and page numbers of the County's disbursement or warrant records.

FOSTER CARE - Report the total of all assigned medical support "sum certain" collections distributed to the State Department of Health Services on behalf of Foster Care recipients, or former Foster Care recipients who have assigned medical support arrearages, the count of cases, and the source and page numbers of the County's disbursement or warrant records.

NON-AFDC - Report the total of all assigned medical support "sum certain" collections distributed to the State Department of Health Services on behalf of non-Federal Foster Care recipients, or former non-Federal Foster Care recipients, and non-AFDC medical only cases who have assigned medical support arrearages, the count of cases, and the source and page numbers of the County's disbursement or warrant records.

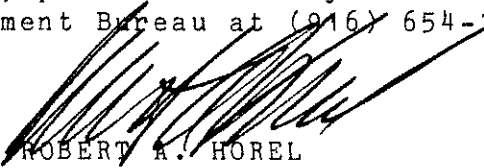
ORDERING FORMS

The revised CS 800 is currently available at SDSS's Warehouse. The CS 822 will be available for order by the end of January. Counties may use the camera-ready forms enclosed with this letter or order these forms by completing a GEN 727B and sending it to:

SDSS Warehouse  
P.O. Box 22429  
Sacramento, CA 95814

Telephone: (916) 322-6250

If you have any questions, please contact your analyst in the Child Support Program Improvement Bureau at (916) 654-1532.



ROBERT A. HOREL  
Deputy Director

Attachments

# SUMMARY REPORT OF CHILD AND SPOUSAL SUPPORT PAYMENTS

(All figures should be actual - Do not Round)

- ☐ Family Group (FG) Federal      ☐ Foster Care (FC) Federal  
☐ Family Group (FG) Non-Federal      ☐ Foster Care (FC) Non-Federal  
☐ Unemployed (U) Federal      ☐ Emergency Assistance (EA) (FC)  
☐ Unemployed (U) Non-Federal      ☐ Emergency Assistance (EA) (U)

COUNTY:	MONTH/YEAR:	PREPARED BY:	PHONE:
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DO NOT REPORT ANY MEDICAL SUPPORT COLLECTIONS ON THIS FORM

A. COLLECTIONS AND DISBURSEMENT	COLUMN 1		COLUMN 2*		COLUMN 3		COLUMN 4	
	INTRACOUNTY		INTERCOUNTY		INTERSTATE		TOTAL	
	Distribution	Case Count	Distribution	Case Count	Distribution	Case Count	Columns 1 thru 3	
1. Amount collected for disbursement							a	b
2. Disregard remitted to family							c	d
3. Pass on remitted to family							e	f
4. Excess remitted to family							g	h
5. Total recoupment							i	

## B. RECOUPMENT - CURRENT AND PRIOR

1. Current	j	(CS 801)
2. Prior	k	(CS 801)
3. Total Recoupment	l	(Column 4, Line 5)

## C. REPAYMENT SHARING COMPUTATION

	FEDERAL	STATE	COUNTY	TOTAL (COLUMNS 1 THRU 3)
1. Recoupment only (Column 4, Line A5, times Recoupment sharing ratios)				

D. INCENTIVE COMPUTATION  
(Incentives due to your County only)

BASE RATE -

Section A, Line 1, Columns 1 and 3 only  
times the Base Incentive Rate .....

OR

COMPLIANCE RATE -

Section A, Line 1, Columns 1 and 3 only  
times the Compliance Incentive Rate .....

\* Intercounty Incentives are paid to the collecting county based on amounts reported by the distributing (reporting) county's CS 800. The intercounty incentive rate will be at the collecting county's rate.

Form CS 801 B must be attached

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the distribution of AFDC Child Support Collections in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the distribution of child support collections reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county; that said amounts correctly reflect proper distribution and that warrants therefore have been issued according to law and the rules and regulations of the State Department of Social Services.

SIGNATURE OF COUNTY OR DISTRICT ATTORNEY

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

**SUMMARY CS 820 RECONCILIATION STATEMENT**

INTERCOUNTY/INTERSTATE — COLLECTIONS MADE BY REPORTING COUNTY FOR THE OTHER CALIFORNIA COUNTIES AND FOR OTHER STATE IV-D AGENCIES.

Data obtained from supporting CS 821 Pages \_\_\_\_\_ through \_\_\_\_\_ for the \_\_\_\_\_, 19\_\_\_\_ CS 820.

	INTRACOUNTY	INTERCOUNTY	TOTAL INTRA/ INTERCOUNTY	INTERSTATE
<b>IRS:</b>				
AFDC	\$	\$	\$	
FOSTER CARE				
NON-AFDC				
<b>FTB:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>UIB:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>WITHHOLDING:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>LIENS:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>WORKER'S COMPENSATION:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>DISABILITY INSURANCE:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>ALL OTHER COLLECTIONS:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>ADJUSTMENTS:</b>				
AFDC				
FOSTER CARE				
NON-AFDC				
<b>TOTAL COLLECTIONS:</b>				
AFDC	\$	\$	\$	\$
COUNT				
FOSTER CARE	\$	\$	\$	\$
COUNT				
NON-AFDC	\$	\$	\$	\$
COUNT				

(Continued on Reverse)

**INTERCOUNTY/INTERSTATE — COLLECTIONS RECEIVED BY REPORTING COUNTY FROM OTHER CALIFORNIA COUNTIES AND OTHER STATE IV-D AGENCIES.**

Data obtained from supporting CS 821 Pages \_\_\_\_\_ through \_\_\_\_\_ for the \_\_\_\_\_, 19\_\_\_\_ CS 820.

	INTERCOUNTY	INTERSTATE
AFDC	\$ _____	\$ _____
COUNT	_____	_____
FOSTER CARE	\$ _____	\$ _____
COUNT	_____	_____
NON-AFDC	\$ _____	\$ _____
COUNT	_____	_____

**PAYMENTS TO NON-AFDC FAMILIES** - Payments made to Families Not Receiving Public Assistance. (Child/Spousal/Medical Support collections distributed to non-AFDC families)

Data obtained from \_\_\_\_\_, Pages \_\_\_\_\_ Through \_\_\_\_\_  
(SOURCE)

NON-AFDC Payments to families \$ \_\_\_\_\_ Count \_\_\_\_\_

**PAYMENTS TO STATE DEPARTMENT OF HEALTH SERVICES (DHS):** - Assigned Medical Support Collections distributed to DHS

**AFDC** (Assigned AFDC Medical Support collections)

AFDC Payments to DHS \$ \_\_\_\_\_

COUNT \_\_\_\_\_

Data obtained from \_\_\_\_\_, Pages \_\_\_\_\_ Through \_\_\_\_\_

**FOSTER CARE** (Assigned Federal Foster Care Medical Support collections)

FOSTER CARE Payments to DHS \$ \_\_\_\_\_

COUNT \_\_\_\_\_

Data obtained from \_\_\_\_\_, Pages \_\_\_\_\_ Through \_\_\_\_\_

**NON - AFDC** (Assigned non-Federal Foster Care and non-AFDC Medical Only Medical Support collections)

NON - AFDC Payments to DHS \$ \_\_\_\_\_

COUNT \_\_\_\_\_

Data obtained from \_\_\_\_\_, Pages \_\_\_\_\_ Through \_\_\_\_\_